

FORM 1 VOLUNTARY PETITION

| United States Bankruptcy Court | | VOLUNTARY PETITION | |
|---|--|--|--|
| District of | | | |
| IN RE (Name of debtor-If individual, enter Last, First, Middle) Nelson LEON | | NAME OF JOINT DEBTOR (Spouse) (Last, First, Middle) | |
| ALL OTHER NAMES used by debtor in the last 6 years (include married, maiden and trade names) none | | ALL OTHER NAMES used by the joint debtor in the last 6 years (include married, maiden and trade names.) | |
| SOC. SEC./TAX I.D. NO. (If more than one, state all) 154-96-1882 | | SOC. SEC./TAX I.D. NO. (If more than one, state all) | |
| STREET ADDRESS OF DEBTOR (No. and street, city, state, zip) 46 Blossom Street Edison, NJ 08817 | | STREET ADDRESS OF JOINT DEBTOR (No. and street, city, state, zip) | |
| COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS | | COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS | |
| MAILING ADDRESS OF DEBTOR (If different from street address) 46 Blossom Street Edison, NJ 08817 | | MAILING ADDRESS OF JOINT DEBTOR (If different from street address) | |
| LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from addresses listed above) | | Debtor has been domiciled or has had a residence, principal place of business or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner or partnership pending in this District. | |

INFORMATION REGARDING DEBTOR (Check applicable boxes)

| | | | |
|--|--|---|--|
| TYPE OF DEBTOR <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Joint (H&W) <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Corporation Publicly Held <input type="checkbox"/> Corporation Not Publicly Held <input type="checkbox"/> Municipality | | CHAPTER OR SECTION OF BANKRUPTCY CODE UNDER WHICH THE PETITION IS FILED (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> § 304-Case Ancillary to Foreign Proceeding | |
| NATURE OF DEBT <input type="checkbox"/> Non-Business Consumer <input type="checkbox"/> Business - Complete A&B below A. TYPE OF BUSINESS (check one box) <input type="checkbox"/> Farming <input type="checkbox"/> Professional <input type="checkbox"/> Retail/Wholesale <input type="checkbox"/> Railroad <input type="checkbox"/> Transportation <input type="checkbox"/> Manufacturing/Mining <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Construction <input type="checkbox"/> Real Estate <input type="checkbox"/> Other Business B. BRIEFLY DESCRIBE NATURE OF BUSINESS | | FILING FEE (Check one box) <input type="checkbox"/> Filing fee attached. <input type="checkbox"/> Filing fee to be paid in installments. (Applicable to Individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). see Official Form No. 3 | |
| STATISTICAL ADMINISTRATIVE INFORMATION (28 U.S.C. § 604) (Estimates only) (Check applicable boxes) <input type="checkbox"/> Debtor estimates that funds will be available for dis <input checked="" type="checkbox"/> Debtor estimates that after any exempt property is expenses paid, there will be no funds available for | | NAME AND ADDRESS OF LAW FIRM OR ATTORNEY Tunney and Little, L.L.C. 300 Kimball St. suitw 106 Woodbridge, NJ 07095 Telephone No. _____ | |
| | | NAME(S) OF ATTORNEY(S) DESIGNATED TO REPRESENT THE DEBTOR Anna C. Little, Esq. <input type="checkbox"/> Debtor is not represented by an attorney. Telephone no. of debtor not represented by an attorney: () | |

UNITED STATES BANKRUPTCY COURT

District of New Jersey

RECEIPT

| Case # 02-56861 TMS Filed: 8:30 AM, 06/17/02 Judge: Morris Stern Trustee: Catherine Youngman Debtor(s): Leon Nelson | Chapter 7 Trenton First Meeting of Creditors 09:00 AM, July 09, 2002 Trenton - chapter 7 U.S. Courthouse 402 East State Street, Room 129 Trenton, NJ 08608-1507 | # 000172680 - MG 11:23 AM, June 17, 2002 <table border="1"> <thead> <tr> <th>Code</th> <th>Qty</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>NF</td> <td>1</td> <td>\$30.00</td> </tr> <tr> <td>07</td> <td>1</td> <td>\$170.00</td> </tr> </tbody> </table> <p>TOTAL PAID: \$200.00</p> <p>From: Anna C Little 300 Kimball Street Suite 106 Woodbridge, NJ 07095</p> | Code | Qty | Amount | NF | 1 | \$30.00 | 07 | 1 | \$170.00 |
|--|--|--|------|-----|--------|----|---|---------|----|---|----------|
| Code | Qty | Amount | | | | | | | | | |
| NF | 1 | \$30.00 | | | | | | | | | |
| 07 | 1 | \$170.00 | | | | | | | | | |

Name of Debtor Nelson Leon

Case No. _____

(Court use only)

FILING OF PLAN

For Chapter 9, 11, 12 and 13 cases only. Check appropriate box.

☐ A copy of debtor's proposed plan dated _____ is attached.☐ Debtor intends to file a plan within the time allowed by statute, rule, or order of the court.

PRIOR BANKRUPTCY CASE FILED WITHIN LAST 6 YEARS (If more than one, attach additional sheet)

Location Where Filed

Case Number

Date Filed

PENDING BANKRUPTCY CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THIS DEBTOR (If more than one, attach additional sheet.)

Name of Debtor

Case Number

Date

Relationship

District

Judge

REQUEST FOR RELIEF

Debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

SIGNATURES

ATTORNEY

X

Date

Signature _____

INDIVIDUAL /JOINT DEBTOR(S)

I declare under penalty of perjury that the information provided in this petition is true and correct.

X

Signature of Debtor _____

Date _____

X

Signature of Joint Debtor _____

Date _____

CORPORATE OR PARTNERSHIP DEBTOR

I declare under penalty of perjury that the information provided in this petition is true and correct, and that the filing of this petition on behalf of the debtor has been authorized.

X

Signature of Authorized Individual _____

Print or Type Name of Authorized Individual _____

Title of Individual Authorized by Debtor to File this Petition _____

Date _____

EXHIBIT "A" (To be completed if debtor is a corporation requesting relief under chapter 11.)

☐ Exhibit "A" is attached and made a part of this petition.

TO BE COMPLETED BY INDIVIDUAL CHAPTER 7 DEBTOR WITH PRIMARILY CONSUMER DEBTS (See P.L. 98-353 § 322)

I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7 of such title.

If I am represented by an attorney, exhibit "B" has been completed.

X

Signature of Debtor Nelson LeonDate 5/20/02

X

Signature of Joint Debtor _____

Date _____

EXHIBIT "B" (To be completed by attorney for individual chapter 7 debtor(s) with primarily consumer debts.)

I, the attorney for the debtor(s) named in the foregoing petition, declare that I have informed the debtor(s) that (he, she, or they) may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X

Signature of Attorney [Signature]Date 5/20/02



UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re: Nelson LEON

Debtor(s)

Case No.

(If Known)

See summary below for the list of schedules. Include Unsworn Declaration under Penalty of Perjury at the end.

GENERAL INSTRUCTIONS: Schedules D, E and F have been designed for the listing of each claim only once. Even when a claim is secured only in part, or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed in Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.

| Name of Schedule | Attached (Yes No) | Number of sheets | Amounts Scheduled | | |
|--|-------------------|------------------|-------------------|-------------|---------|
| | | | Assets | Liabilities | Other |
| A - Real Property | Y | 1 | 10233.49 | | |
| B - Personal Property | Y | 2 | 11929.22 | | |
| C - Property Claimed as Exempt | Y | 1 | | | |
| D - Creditors Holding Secured Claims | N | 1 | | 00.00 | |
| E - Creditors Holding Unsecured Priority Claims | N | 1 | | 00.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Y | 2 | | 13285.54 | |
| G - Executory Contracts and Unexpired Leases | N | 1 | | | |
| H - Codebtors | N | 1 | | | |
| I - Current Income of Individual Debtor(s) | Y | 15 | | | 2365.45 |
| J - Current Expenditures of Individual Debtor(s) | Y | 1 | | | 1918.60 |
| Total Number of Sheets of All Schedules | | | 36 | | |
| Total Assets | | | 22,162.71 | | |
| Total Liabilities | | | | 13285.54 | |



In re: Nelson LEON

Debtor(s)

Case No.

(If known)

SCHEDULE A - REAL PROPERTY

| DESCRIPTION AND LOCATION OF PROPERTY | NATURE OF DEBTOR'S INTEREST IN PROPERTY | H W J C | CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | AMOUNT OF SECURED CLAIM |
|--------------------------------------|---|------------------|--|-------------------------|
| 46 Blossom Street Edison, NJ | 50% owner | | 203900.00 | 193666.51 |

SCHEDULE B - PERSONAL PROPERTY

Total ->

\$ 10233.49

(Report also on Summary of Schedules.)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | H W J C | CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|---|------------------|--|
| 1. Cash on hand | X | | | |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives. | | First Union Bank Acnt# 1010048815149 United Trust Acnt# 0040066608 | | 4898.12 3000.00 |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. Household goods and furnishings including audio, video and computer equipment. | | TV, Computer, bedroom furniture, dining set, VCR Refrigorator, Stove | | 1617.50 |
| 5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | guitar, violin, keyboard | | 210.00 |
| 6. Wearing apparel. | | assorted casual clothes | | 600.00 |
| 7. Furs and jewelry. | X | | | |
| 8. Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |

**SCHEDULE B
PERSONAL PROPERTY**

In re: Nelson LEON

Debtor(s)

Case No.

(if known)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | H W J C | CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|--|------------------|--------------------------------------|------------------|---|
| 10. Annuities. Itemize and name each issuer. | X | | | |
| 11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize. | | | | |
| 12. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 13. Interest in partnerships or joint ventures. Itemize. | X | | | |
| 14. Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 15. Accounts receivable. | | | | |
| 16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 17. Other liquidated debts owing debtor including tax refunds. Give particulars. | | tax refund 2001 | | 1603.60 |
| 18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property. | X | | | |
| 19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| 21. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 22. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 23. Automobiles, trucks, trailers, and other vehicles and accessories. | X | | | |
| 24. Boats, motors, and accessories. | X | | | |
| 25. Aircraft and accessories. | X | | | |
| 26. Office equipment, furnishings, and supplies. | X | | | |
| 27. Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 28. Inventory. | X | | | |
| 29. Animals. | X | | | |
| 30. Crops - growing or harvested. Give particulars. | X | | | |
| 31. Farming equipment and implements. | X | | | |
| 32. Farm supplies, chemicals, and feed. | X | | | |
| 33. Other personal property of any kind not already listed. Itemize. | | | | |
| (Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total -> | | | | \$ 11929.22 |

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules)

Total ->

\$ 11929.22

continuation sheets attached

In re: Nelson LEON

Debtor(s)

Case No.

(if known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under (Check one box)

- ☐ 11 U.S.C. § 522(b)(1): Exemptions provided in 11 U.S.C. § 522(d). Note: These exemptions are available only in certain states.
- ☐ 11 U.S.C. § 522(b)(2): Exemptions available under applicable nonbankruptcy federal laws, state or local law.

| DESCRIPTION OF PROPERTY | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION |
|--|--------------------------------------|----------------------------|--|
| First Union Bank Acnt # 1010048815149 | 11 U.S.C. 522(b)(1) | 4989.48 | |
| United Trust Acnt# 0040066608 | 11 U.S.C. 522(b)(1) | 3000.00 | |
| TV, Computer, bedroom furniture, dining set, VCR Refrigerator, Stove | 11 U.S.C. 522(b)(1) | 1617.50 | |
| guitar , violin , keyboard | 11 U.S.C. 522(b)(1) | 210.00 | |
| assorted casual clothes | 11 U.S.C. 522(b)(1) | 600.00 | |
| tax refund 2001 | 11 U.S.C. 522(b)(1) | 1603.60 | |

In re: Nelson LEON

Debtor(s)

Case No.

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE | CO D E B T | H W J C | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN | C U D | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION IF ANY |
|--|------------------------|------------------|---|-------------|---|--------------------------|
| A/C # | | | | | | |
| | | | VALUE \$ | | | |
| A/C # | | | | | | |
| | | | VALUE \$ | | | |
| A/C # | | | | | | |
| | | | VALUE \$ | | | |
| A/C # | | | | | | |
| | | | VALUE \$ | | | |
| A/C # | | | | | | |
| | | | VALUE \$ | | | |
| A/C # | | | | | | |
| | | | VALUE \$ | | | |
| A/C # | | | | | | |
| | | | VALUE \$ | | | |
| A/C # | | | | | | |
| | | | VALUE \$ | | | |
| A/C # | | | | | | |
| | | | VALUE \$ | | | |

continuation sheets attached

Subtotal ->
(Total of this page)

\$

Total ->
(use only on last page)

\$

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

(Report total also on Summary of Schedules)

In re: Nelson LEON

Debtor(s)

Case No.

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E

TYPE OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507 (a) (2).
- ☐ Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees, up to a maximum of \$2000 per employee, earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (3).
- ☐ Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a) (4).
- ☐ Certain farmers and fishermen
Claims of certain farmers and fishermen, up to a maximum of \$2000 per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507 (a) (5).
- ☐ Deposits by individuals
Claims of individuals up to a maximum of \$900 for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507 (a) (6).
- ☐ Taxes and Certain Other Debts Owed to Governmental Units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507 (a) (7).
- ☐ Commitments to Maintain the Capital of an Insured Depository Institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a) (8).

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE | CO D E B T | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | C U D * | TOTAL AMOUNT OF CLAIM | AMOUNT ENTITLED TO PRIORITY |
|--|------------------------|------------------|---|------------------|-----------------------|-----------------------------|
| A/C# | | | | | | |
| | | | | | | |
| A/C# | | | | | | |
| | | | | | | |
| A/C# | | | | | | |
| | | | | | | |
| A/C# | | | | | | |
| | | | | | | |
| A/C# | | | | | | |
| | | | | | | |

Continuation sheets attached.

Subtotal ->
(Total of this page)

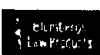
\$

(use only on last page of the completed Schedule E)
Total ->

\$

* If contingent, enter C; if unliquidated, enter U; if disputer, enter D.

(Report total also on Summary of Schedules)



In re: Nelson LEON

Debtor(s)

Case No.

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE | CO D E B T | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | C U D | AMOUNT OF CLAIM |
|--|------------------------|------------------|---|-------------|-----------------|
| A/C # 4388 6419 1652 4643 Capitol One POBox 85184 Richmond VA 23285-5184 | | | | | 725.73 |
| A/C # 16475295 Collection Comp. of America POBox 329 Norwell MA 02061-0329 | | | | | 391.94 |
| A/C # 43-002-055-989 Macy's P.O.Box 4564 Carol Strm IL 60197-4564 | | | | | 276.25 |
| A/C # 440004996 JFK Medical Center P.O.Box 6506 Edison, NJ 08818 | | | | | 1073.00 |
| A/C # 6011-0011-7017-0239 Discover Card P.O.Box 15251 Wilmington DE 19886-5251 | | | | | 2193.33 |
| A/C # 51 9160 202814 3 Home Depot P.O.Box 105981 Dept.51 Atlanta GA 30353-5981 | | | | | 370.00 |
| A/C # 4334 2180 0302 2636 United Trust P.O.Box 9201 Old Bethpage, NY 11504-9001 | | | | | 1528.29 |
| A/C # 60299409 EMA P.O.Box 717 Livingston NJ 07039 | | | | | 186.00 |
| A/C # 1917588 Priority Communcations P.O.Box 3030 Edison, NJ 08818-3030 | | | | | 455.00 |

Sheet no. 1 of 2 sheets attached to Schedule of Creditors
Holding Nonpriority Claims.

Subtotal ->
(Total of this page)

\$ 7199.54

*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

(use only on last page of completed Schedule F.)

Total ->
(Report total also on Summary of Schedules)

\$

Julius Blumberg, Inc. NYC 10013

Form B6 F, Cont. (10-89)

In re: Nelson LEON

Debtor(s)

Case No.

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE | CO DE ST | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | C U D | AMOUNT OF CLAIM |
|---|----------------|------------------|---|-------------|-----------------|
| A/C # 6019-1703-1021-1427 PC Richard c/o GE Capitol Cons P.O.Box 9001557 Louisville, KY 40290-1557 | | | | | 443.51 |
| A/C # 0007-7385-0265-3866 Radioshack P.O.Box 9025 Des Moines, IA 50368-9025 | | | | | 437.74 |
| A/C # 604728 University Radiology P.O.Box 1075 East Brunswick, NJ 08816-1075 | | | | | 129.00 |
| A/C # 333653 University Radiology P.O.Box 1075 East Brunswick, NJ 08816-1075 | | | | | 46.00 |
| A/C # 440004996 Solaris Health System 80 James Street Edison, NJ 08820-3998 | | | | | 5029.75 |
| A/C # | | | | | |
| A/C # | | | | | |
| A/C # | | | | | |
| A/C # | | | | | |

Sheet no. 2 of 2 sheets attached to Schedule of Creditors Holding Nonpriority Claims.

Subtotal -> \$ 6086.00
(Total of this page)

* If contingent, enter C; if unliquidated, enter U; if disputed, enter D.

Total -> \$ 13285.54
(use only on last page of completed Schedule F.)
(Report total also on Summary of Schedules)



In re: Nelson LEON

Debtor(s)

Case No.

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☒ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT. | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
|--|--|
| | |



In re: Nelson LEON

Debtor(s)

Case No.

(If known)

SCHEDULE H - CODEBTORS☒ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
| | |

©1998 Automatic Data Processing, Inc.

TEAR HERE



Earnings Statement

Period Ending: 04/20/2002
Pay Date: 04/19/2002

NELSON LEON
46 BLOSSOM STREET
EDISON, NJ 08817

CO. FILE DEPT. CLOCK NUMBER
HXE 010934 EWR932 0000249074 1

TNT USA INC.
PAYROLL ACCOUNT
200 GARDEN CITY PLAZA, 4TH FLOOR
GARDEN CITY, NY 11530

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 1
NJ: 1, Table B

Social Security Number: 154-96-1882

| Earnings | rate | hours | this period | year to date |
|------------------|---------|-------|-----------------|-----------------|
| Regular | 12.9500 | 26.00 | 336.70 | 7,316.04 |
| Float/Personal | 12.9500 | 8.00 | 103.60 | 414.40 |
| Overtime | | | | 840.09 |
| Holiday | | | | 200.64 |
| Retro Pay | | | | 39.77 |
| Sick | | | | 103.60 |
| Training Pay | | | | 135.98 |
| Vacation | | | | 304.24 |
| Gross Pay | | | \$440.30 | 9,354.76 |

| Other Benefits and Information | this period | total to date |
|--------------------------------|-------------|---------------|
| Er Match | 8.81 | 187.10 |
| X | 34.00 | |
| Er Match | | 187.10 |
| Training Hours | | 10.50 |
| Ytd 401K | | 374.20 |
| Vacation Hours | | 10.00 |

Deductions

| Statutory | |
|---------------------|-----------------|
| Federal Income Tax | -21.56 |
| Social Security Tax | -25.73 |
| Medicare Tax | -6.01 |
| NJ State Income Tax | -5.67 |
| NJ SUI/SDI Tax | -3.83 |
| Other | |
| Med | -25.39* |
| 401K | -17.61* |
| Net Pay | \$334.50 |

* Excluded from federal taxable wages
Your federal taxable wages this period are \$397.30



Earnings Statement

Period Ending: 04/20/2002
Pay Date: 04/19/2002

NELSON LEON
46 BLOSSOM STREET
EDISON, NJ 08817

| Other Benefits and Information | this period | total to date |
|--------------------------------|-------------|---------------|
| Er Match | 11.91 | 199.01 |
| X | 46.00 | |
| Er Match | | 199.01 |
| Training Hours | | 10.50 |
| Ytd 401K | | 398.03 |
| Vacation Hours | | 10.00 |

CO. FILE DEPT. CLOCK NUMBER
HXE 010934 EWR932 0000249075 2

TNT USA INC.
PAYROLL ACCOUNT
200 GARDEN CITY PLAZA, 4TH FLOOR
GARDEN CITY, NY 11530

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 1
NJ: 1, Table B

Social Security Number: 154-96-1882

| Earnings | rate | hours | this period | year to date |
|------------------|---------|-------|-----------------|-----------------|
| Vacation | 12.9500 | 46.00 | 595.70 | 899.94 |
| Regular | | | | 7,316.04 |
| Overtime | | | | 840.09 |
| Float/Personal | | | | 414.40 |
| Holiday | | | | 200.64 |
| Retro Pay | | | | 39.77 |
| Sick | | | | 103.60 |
| Training Pay | | | | 135.98 |
| Gross Pay | | | \$595.70 | 9,950.46 |

Deductions

| Statutory | |
|---------------------|-----------------|
| Federal Income Tax | -46.99 |
| Social Security Tax | -36.93 |
| Medicare Tax | -8.64 |
| NJ State Income Tax | -9.13 |
| NJ SUI/SDI Tax | -5.51 |
| Other | |
| 401K | -23.83* |
| Med | |
| Net Pay | \$464.67 |

* Excluded from federal taxable wages
Your federal taxable wages this period are \$571.87

©1998 Automatic Data Processing, Inc.

TEAR HERE



Earnings Statement

Period Ending: 04/06/2002
Pay Date: 04/05/2002

**NELSON LEON
46 BLOSSOM STREET
EDISON, NJ 08817**

| | | | | |
|-----|--------|-------|-------|--------------|
| CO. | FILE | DEPT. | CLOCK | NUMBER |
| HXE | 010934 | EWR | 932 | 0000248801 1 |

TNT USA INC.
PAYROLL ACCOUNT
200 GARDEN CITY PLAZA, 4TH FLOOR
GARDEN CITY, NY 11530

Taxable Marital Status: Married
Exemptions/Allowances: 1
Federal: 1
NJ: 1, Table B

Social Security Number: 154-96-1882

| Earnings | rate | hours | this period | year to date |
|----------------|---------|-------|-------------|--------------|
| Regular | 12.9500 | 37.00 | 479.15 | 6,474.29 |
| Float/Personal | 12.9500 | 8.00 | 103.60 | 310.80 |
| Training Pay | 12.9500 | 1.00 | 12.95 | 123.03 |
| Overtime | | | | 762.39 |
| Holiday | | | | 200.64 |
| Retro Pay | | | | 39.77 |
| Sick | | | | 103.60 |
| Vacation | | | | 304.24 |
| Gross Pay | | | \$595.70 | 8,318.76 |

| Other Benefits and Information | this period | total to date |
|--------------------------------|-------------|---------------|
| Er Match | 11.91 | 166.38 |
| X | 46.00 | |
| Er Match | | 166.38 |
| Training Hours | | 9.50 |
| Ytd 401K | | 332.76 |
| Vacation Hours | | 46.00 |

| Deductions | Statutory |
|---------------------|-----------|
| Federal Income Tax | -43.18 |
| Social Security Tax | -35.35 |
| Medicare Tax | -8.27 |
| NJ State Income Tax | -8.62 |
| NJ SUI/SDI Tax | -5.28 |
| Other | |
| Med | -25.39* |
| 401K | -23.83* |
| Net Pay | \$445.78 |

*** Excluded from federal taxable wages**
Your federal taxable wages this period are \$546.48

©1998 Automatic Data Processing, Inc.

TEAR HERE



Earnings Statement

CO. FILE DEPT. CLOCK NUMBER
JE6 000284 006001 0000037895 1

DUO BUILDING MAINTENANCE, INC.
P.O. BOX 1167
HIGHTSTOWN, NJ 08520

Period Ending: 03/15/2002
Pay Date: 03/20/2002

NELSON LEON
46 BLOSSOM ST.
EDISON, NJ 08817

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
State: Table B

Social Security Number: 154-96-1882

| Earnings | rate | hours | this period | year to date |
|------------------|--------|-------|-----------------|--------------|
| Regular | 137.50 | | 222.70 | |
| Gross Pay | | | \$222.70 | 609.35 |

| Deductions | Statutory | |
|---------------------|-----------------|-------|
| Social Security Tax | -13.81 | 37.78 |
| Medicare Tax | -3.23 | 8.84 |
| NJ State Income Tax | -3.34 | 9.13 |
| NJ SUI/SDI Tax | -2.07 | 5.64 |
| Net Pay | \$200.25 | |

Your federal taxable wages this period are \$222.70



Earnings Statement

CO. FILE DEPT. CLOCK NUMBER
JE6 000284 006001 0000038252 1

DUO BUILDING MAINTENANCE, INC.
P.O. BOX 1167
HIGHTSTOWN, NJ 08520

Period Ending: 04/15/2002
Pay Date: 04/18/2002

NELSON LEON
46 BLOSSOM ST.
EDISON, NJ 08817

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
State: Table B

Social Security Number: 154-96-1892

| Earnings | rate | hours | this period | year to date |
|------------------|--------|-------|-----------------|--------------|
| Regular | 325.00 | | 325.00 | |
| Gross Pay | | | \$325.00 | 1,259.35 |

| Deductions | Statutory | |
|---------------------|-----------------|-------|
| Federal Income Tax | -5.63 | 11.26 |
| Social Security Tax | -20.15 | 78.08 |
| Medicare Tax | -4.71 | 18.26 |
| NJ State Income Tax | -4.87 | 18.87 |
| NJ SUI/SDI Tax | -3.01 | 11.65 |
| Net Pay | \$285.63 | |

Your federal taxable wages this period are \$325.00

©1998 Automatic Data Processing, Inc.

TEAR HERE

© 1997 ADP, INC.



Earnings Statement

Period Ending: 04/30/2002
Pay Date: 05/03/2002

NELSON LEON
46 BLOSSOM ST.
EDISON, NJ 08817

CO. FILE DEPT. CLOCK NUMBER
JE6 000284 006001 0000038439 1

DUO BUILDING MAINTENANCE, INC.
P.O. BOX 1167
HIGHTSTOWN, NJ 08520

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
State: Table B

Social Security Number: 154-96-1882

| Earnings | rate | hours | this period | year to date |
|------------------|--------|-------|-----------------|--------------|
| Regular | 325.00 | | 335.00 | |
| Gross Pay | | | \$335.00 | 1,594.35 |

| Deductions | Statutory | |
|---------------------|-----------------|-------|
| Federal Income Tax | -6.63 | 17.89 |
| Social Security Tax | -20.77 | 98.85 |
| Medicare Tax | -4.86 | 23.12 |
| NJ State Income Tax | -5.02 | 23.89 |
| NJ SUI/SDI Tax | -3.10 | 14.75 |
| Net Pay | \$294.62 | |

Your federal taxable wages this period are \$335.00.



CO. FILE DEPT. CLOCK NUMBER
6NK 025686 999100 05TC 0000295796 1

Earnings Statement



THE BOARD OF EDUCATION OF THE VOCATIONAL
SCHOOLS IN THE COUNTY OF MIDDLESEX
EAST BRUNSWICK, N.J. 08816

Period Ending: 04/30/2002
Pay Date: 04/30/2002

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 1
State: Table A

NELSON W. LEON
46 BLOSSOM ST.
EDISON, NJ 08817

Social Security Number: 154-96-1882

| Earnings | rate | hours | this period | year to date | Other Benefits and Information | this period | total to date |
|---------------------------|--------|-------|-------------|--------------|--------------------------------|-------------|---------------|
| | | | | | | | |
| Regular | 965.04 | | 965.04 | 965.04 | G.T.L. | 1.40 | 1.40 |
| Gross Pay \$965.04 | | | | | | | |

Deductions **Statutory**
Federal Income Tax -97.16
Social Security Tax -59.92
Medicare Tax -14.01
NJ State Income Tax -14.30
NJ SUI/SDI Tax -4.10
Net Pay \$775.55

45⁰⁰ 97.16
59.92
14.01
14.30
4.10

Your federal taxable wages this period are \$965.04

Important Notes
OPEN ENROLLMENT CREDIT UNION

2001 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2001 pay stub plus any adjustments submitted by your employer.

| | | | | | |
|--|---------|--|--------|--------------------------------------|-------|
| Gross Pay | 4133.46 | Social Security Tax Withheld Box 4 of W-2 | 256.27 | NJ State Income Tax Box 17 of W-2 | 60.13 |
| Fed. Income Tax Withheld Box 2 of W-2 | 261.81 | Medicare Tax Withheld Box 6 of W-2 | 59.94 | SUI/SDI Box 14 of W-2 | 38.24 |

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

| | Wages, Tips, other Compensation Box 1 of W-2 | Social Security Wages Box 3 of W-2 | Medicare Wages Box 5 of W-2 | NJ State Wages, Tips, Etc. Box 16 of W-2 |
|--------------------|---|---------------------------------------|--------------------------------|---|
| Gross Pay | 4,133.46 | 4,133.46 | 4,133.46 | 4,133.46 |
| Reported W-2 Wages | 4,133.46 | 4,133.46 | 4,133.46 | 4,133.46 |

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

NELSON LEON
46 BLOSSOM ST.
EDISON, NJ 08817

Social Security Number: 154-96-1882
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 0
STATE: 0
Table B

| | |
|---|--|
| 1 Wages, tips, other comp. 4133.46 | 2 Federal income tax withheld 261.81 |
| 3 Social security wages 4133.46 | 4 Social security tax withheld 256.27 |
| 5 Medicare wages and tips 4133.46 | 6 Medicare tax withheld 59.94 |
| a Control Number 000284 JE6 | Dept. 006001 |
| Employer use only T 174 | |
| c Employer's name, address, and ZIP code DUO BUILDING MAINTENANCE INC P.O. BOX 1167 HIGHTSTOWN NJ 08520-0367 | |
| b Employer's FED ID number 22-2592400 | d Employee's SSA number 154-96-1882 |
| 7 Social security tips | 8 Allocated tips |
| 9 Advance EIC payment | 10 Dependent care benefits |
| 11 Nonqualified plans | 12a |
| 14 Other | 12b |
| 17.57 U/H/C/WF | 12c |
| 20.67 NJ DI | 12d |
| 13 Stat emp. plan 3rd party sick pay | |
| e/f Employer's name, address and ZIP code NELSON LEON 46 BLOSSOM ST. EDISON, NJ 08817 | |
| 15 State NJ | Employer's state ID no. 222592400/000 |
| 16 State wages, tips, etc. 4133.46 | 17 Local wages, tips, etc. |
| 19 Local income tax 60.13 | 20 Locality name |
| NJ State Reference Copy W-2 Wage and Tax Statement 2001 Copy 2 to be filed with employee's State income tax return | |

| | | | | |
|--|--|----------------|--|-------------------|
| Department of the Treasury -- Internal Revenue Service | | 2001 | (99) IRS Use Only -- Do not write or staple in this space. | |
| Form 1040 U.S. Individual Income Tax Return | | | | |
| For the year Jan. 1-Dec. 31, 2001, or other tax year beginning | | , 2001, ending | | OMB No. 1545-0074 |

Use the IRS label. Otherwise, please print or type.

NELSON LEON

46 BLOSSOM STREET
EDISON NJ 08817-

Your social security number
154-96-1882

Spouse's social security no.

▲ You must enter your SSN(s) above. ▲

Presidential Election Campaign Note. Checking "Yes" will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You ☐ Yes ☐ No Spouse ☐ Yes ☐ No

Filing Status

| | | |
|---|-------------------------------------|--|
| 1 | <input type="checkbox"/> | Single |
| 2 | <input type="checkbox"/> | Married filing joint return (even if only one had income) |
| 3 | <input type="checkbox"/> | Married filing separate return. Enter spouse's SSN above & full name here. ▶ |
| 4 | <input checked="" type="checkbox"/> | Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter child's name here. ▶ |
| 5 | <input type="checkbox"/> | Qualifying widow(er) with dependent child (yr. spouse died ▶). (See instructions.) |

Check only one box.

Exemptions

| | | | | |
|----|-------------------------------------|--|-----------------------------------|---|
| 6a | <input checked="" type="checkbox"/> | Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. | No. of boxes checked on 6a and 6b | 1 |
| b | <input type="checkbox"/> | Spouse | | |

c Dependents: If more than six dependents, see instructions.

| (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see inst.) | No. of your children on 6c who: | |
|--------------------------|--|-------------------------------------|--|--|---|
| STAPHANY M LEON | 154-08-4342 | DAUGHTER | <input checked="" type="checkbox"/> | ● lived with you | 1 |
| | | | <input type="checkbox"/> | ● did not live with you due to divorce or separation (see inst.) | 0 |
| | | | <input type="checkbox"/> | Dependents on 6c not entered above | 0 |
| | | | | Add numbers entered on lines above ▶ | 2 |

d Total number of exemptions claimed.

| | | | |
|---|--|----------|---------|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 39,041. |
|---|--|----------|---------|

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

| | | | |
|-----|---|------------|----------|
| 8a | Taxable interest. Attach Schedule B if required | 8a | |
| b | Tax-exempt interest. Do not include on line 8a | 8b | |
| 9 | Ordinary dividends. Attach Schedule B if required | 9 | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes (see instructions) | 10 | 54. |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | |
| 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 13 | |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | Total IRA distributions | 15a | |
| b | Taxable amount (see inst.) | 15b | |
| 16a | Total pensions and annuities | 16a | |
| b | Taxable amount (see inst.) | 16b | (9,755.) |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | |
| 18 | Farm income or (loss). Attach Schedule F | 18 | |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits | 20a | |
| b | Taxable amount (see inst.) | 20b | |
| 21 | Other income | 21 | |
| 22 | Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ | 22 | 29,340. |

Adjusted Gross Income

| | | | |
|-----|---|------------|---------|
| 23 | IRA deduction (see instructions) | 23 | |
| 24 | Student loan interest deduction (see instructions) | 24 | |
| 25 | Archer MSA deduction. Attach Form 8853 | 25 | |
| 26 | Moving expenses. Attach Form 3903 | 26 | |
| 27 | One-half of self-employment tax. Attach Schedule SE | 27 | |
| 28 | Self-employed health insurance deduction (see instructions) | 28 | |
| 29 | Self-employed SEP, SIMPLE, and qualified plans | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | |
| 31a | Alimony paid | 31a | |
| b | Recipient's SSN ▶ | | |
| 32 | Add lines 23 through 31a | 32 | |
| 33 | Subtract line 32 from line 22. This is your adjusted gross income ▶ | 33 | 29,340. |

1 104012
NTF 2554184
Copyright 2001
Greatland/Helco LP
Forms Software Only

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions. CAA Preparer's Edition Form **1040** (2001)

Form 1040 (2001)

NELSON LEON

154-96-1882

Page 2

| | | | | |
|------------------------|------------|--|------------|--|
| Tax and Credits | 34 | Amount from line 33 (adjusted gross income) | 34 | 29,340. |
| | 35a | Check if: <input type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind, <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here | 35a | |
| | b | If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here | 35b | <input type="checkbox"/> |
| | 36 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 36 | 10,757. |
| | 37 | Subtract line 36 from line 34 | 37 | 18,583. |
| | 38 | If line 34 is \$99,725 or less, multiply \$2,900 by the total number of exemptions claimed on line 6d. If line 34 is over \$99,725, see the worksheet in the instructions | 38 | 5,800. |
| | 39 | Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- | 39 | 12,783. |
| | 40 | Tax (see inst.). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 | 40 | 1,916. |
| | 41 | Alternative minimum tax (see instructions). Attach Form 6251 | 41 | |
| | 42 | Add lines 40 and 41 | 42 | 1,916. |
| | 43 | Foreign tax credit. Attach Form 1116 if required | 43 | |
| | 44 | Credit for child & dependent care expenses. Attach Form 2441 | 44 | 480. |
| | 45 | Credit for the elderly or the disabled. Attach Schedule R | 45 | |
| | 46 | Education credits. Attach Form 8863 | 46 | |
| | 47 | Rate reduction credit. See the worksheet in the instructions | 47 | |
| | 48 | Child tax credit (see instructions) | 48 | 600. |
| | 49 | Adoption credit. Attach Form 8839 | 49 | |
| | 50 | Other credits from: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form | 50 | |
| | 51 | Add lines 43 through 50. These are your total credits | 51 | 1,080. |
| | 52 | Subtract line 51 from line 42. If line 51 is more than line 42, enter -0- | 52 | 836. |
| Other Taxes | 53 | Self-employment tax. Attach Schedule SE | 53 | |
| | 54 | Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 | 54 | |
| | 55 | Tax on qualified plans, including IRAs, & other tax-favored accts. Attach Form 5329 if required | 55 | |
| | 56 | Advance earned income credit payments from Form(s) W-2 | 56 | |
| | 57 | Household employment taxes. Attach Schedule H | 57 | |
| | 58 | Add lines 52 through 57. This is your total tax | 58 | 836. |
| Payments | 59 | Federal income tax withheld from Forms W-2 and 1099 | 59 | 3,745. |
| | 60 | 2001 estimated tax payments & amt. applied from 2000 return | 60 | |
| | 61a | Earned income credit (EIC) | 61a | |
| | b | Nontaxable earned income | 61b | |
| | 62 | Excess social security and RRTA tax withheld (see instructions) | 62 | |
| | 63 | Additional child tax credit. Attach Form 8812 | 63 | |
| | 64 | Amount paid with request for extension to file (see instructions) | 64 | |
| | 65 | Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 | 65 | |
| | 66 | Add lines 59, 60, 61a, and 62 through 65. These are your total payments | 66 | 3,745. |
| | 67 | If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid | 67 | 2,909. |
| | 68a | Amount of line 67 you want refunded to you | 68a | 2,909. |
| | b | Routing no. | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | d | Account no. | | |
| | 69 | Amt. of line 67 you want applied to your 2002 estimated tax | 69 | |
| Refund | 70 | Amount you owe. Subtract line 69 from line 58. For details on how to pay, see instructions | 70 | |
| You Owe | 71 | Estimated tax penalty. Also include on line 70 | 71 | |

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Sign Here Under penalties of perjury, I declare that I have prepared this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature: _____ Date: _____ Your occupation: DRIVER Daytime phone number: 732-572-7182

Joint return? ☐ See instructions ☐ Keep a copy for your records ☐ Spouse's occupation: _____ Date: _____

Paid Preparer's Use Only

Preparer's signature: *Nelson Leon* Date: 03/08/2002 Check if self-employed: ☒ Preparer's SSN or PTIN: P00132865

Firm name (or yours if self-employed): HR TAX EIN: 13-0320593

Address & ZIP code: 46A PE NORTHfield NJ 07060- Phone no.: 908-561-8450

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (899)

Schedule A -- Itemized Deductions

OMB No. 1545-0074

2001

Attachment
Sequence No. **07**

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

NELSON LEON

Your social security no.
154-96-1882

| | | | | | |
|--|---|--|----|---------|----|
| Medical and Dental Expenses | Caution. Do not include expenses reimbursed/paid by others. | | | | |
| | 1 | Medical and dental expenses (see instructions) | 1 | 1,300. | |
| | 2 | Enter amt. from Form 1040, line 34 | 2 | 29,340. | |
| | 3 | Multiply line 2 above by 7.5% (.075) | 3 | 2,201. | |
| | 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | | 4 |
| Taxes You Paid (See instructions.) | 5 | State and local income taxes | 5 | 609. | |
| | 6 | Real estate taxes (see instructions) | 6 | 2,064. | |
| | 7 | Personal property taxes | 7 | | |
| | 8 | Other taxes. List type and amount ▶ 244. UI/HC/WE | 8 | 244. | |
| | 9 | Add lines 5 through 8 | | | 9 |
| Interest You Paid (See instructions.) | 10 | Home mortg. interest & points reported to you on Form 1098 . . | 10 | 7,540. | |
| | 11 | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see inst. and show that person's name, identifying no., and address ▶ | 11 | | |
| | 12 | Points not reported to you on Form 1098. See instructions for special rules. | 12 | | |
| | 13 | Investment interest. Attach Form 4952 if required. (See instructions.) | 13 | | |
| | 14 | Add lines 10 through 13. | | | 14 |
| Gifts to Charity If you made a gift and got a benefit for it, see instructions | 15 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 15 | 300. | |
| | 16 | Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 16 | | |
| | 17 | Carryover from prior year. | 17 | | |
| | 18 | Add lines 15 through 17. | | | 18 |
| Casualty and Theft Losses | 19 | Casualty or theft loss(es). Attach Form 4684. (See instructions.) | | | 19 |
| | 20 | Unreimbursed employee expenses -- job travel, union dues, job education, etc. You must attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ | 20 | | |
| | 21 | Tax preparation fees | 21 | 65. | |
| | 22 | Other expenses -- investment, safe deposit box, etc. List type and amount ▶ | 22 | | |
| Job Expenses and Most Other Miscellaneous Deductions (See instructions for expenses to deduct here.) | 23 | Add lines 20 through 22. | 23 | 65. | |
| | 24 | Enter amt. from Form 1040, line 34 | 24 | 29,340. | |
| | 25 | Multiply line 24 above by 2% (.02) | 25 | 587. | |
| | 26 | Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- | | | 26 |
| Other Miscellaneous Deductions | 27 | Other -- from list in the inst. List type and amount ▶ | | | 27 |
| | | | | | |
| Total Itemized Deductions | 28 | Is Form 1040, line 34, over \$12,950 (over \$66,475 if married filing separately)? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36. <input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter. | 28 | 10,757. | |

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Computer Official Edition

Schedule A (Form 1040) 2001

Form **2441**

Child and Dependent Care Expenses

OMB No. 1545-0068

2001

Attachment
Sequence No. **21**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040.

▶ See separate instructions.

Name(s) shown on Form 1040

NELSON LEON

Your social security number

154-96-1882

Before you begin: You need to understand the following terms. See **Definitions** in the instructions.

• **Dependent Care Benefits**

• **Qualifying Person(s)**

• **Qualified Expenses**

• **Earned Income**

Part I Persons or Organizations Who Provided the Care -- You must complete this part. (If you need more space, use the bottom of page 2.)

| 1 | (a) Care provider's name | (b) Address (number, street, apt. no., city, state, and ZIP code) | (c) Identifying number (SSN or EIN) | (d) Amount paid (see instructions) |
|---|--------------------------|--|-------------------------------------|---------------------------------------|
| | BEATRIZ ARAYA | 14 SOUTH 10TH AVE HIGHLAND PARK NJ | 139-98-8721 | 2,400. |
| | | | | |

Did you receive
dependent care benefits?

No

Complete only Part II below.

Yes

Complete Part III on page 2 next.

Caution: If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 57.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

| (a) Qualifying person's name | | (b) Qualifying person's social security number | (c) Qualified expenses you incurred and paid in 2001 for the person listed in column (a) |
|------------------------------|------|--|--|
| First | Last | | |
| STAPHANY M | LEON | 154-08-4342 | 2,400. |
| | | | |

| 3 | Add the amounts in column (c) of line 2. Do not enter more than \$2,400 for one qualifying person or \$4,800 for two or more persons. If you completed Part III, enter the amount from line 24 | 3 | 2,400. | | | | | | | | | | | | | | | | | | | | | |
|-------------------|---|-------------------|--------------|-------------------|-------------------|--|-----|-----------------|--|-----|-----------------|--|-----|-----------------|--|-----|-------------------|--|-----|-----------------|--|-----|--|--|
| 4 | Enter your earned income | 4 | 40,456. | | | | | | | | | | | | | | | | | | | | | |
| 5 | If married filing a joint return, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4. | 5 | 40,456. | | | | | | | | | | | | | | | | | | | | | |
| 6 | Enter the smallest of line 3, 4, or 5 | 6 | 2,400. | | | | | | | | | | | | | | | | | | | | | |
| 7 | Enter the amount from Form 1040, line 34 | 7 | 29,340. | | | | | | | | | | | | | | | | | | | | | |
| 8 | Enter on line 8 the decimal amount shown below that applies to the amount on line 7 If line 7 is -- | 8 | .20 | | | | | | | | | | | | | | | | | | | | | |
| | <table><thead><tr><th>Over</th><th>But not over</th><th>Decimal amount is</th></tr></thead><tbody><tr><td>\$0 - 10,000</td><td></td><td>.30</td></tr><tr><td>10,000 - 12,000</td><td></td><td>.29</td></tr><tr><td>12,000 - 14,000</td><td></td><td>.28</td></tr><tr><td>14,000 - 16,000</td><td></td><td>.27</td></tr><tr><td>16,000 - 18,000</td><td></td><td>.26</td></tr><tr><td>18,000 - 20,000</td><td></td><td>.25</td></tr></tbody></table> | Over | But not over | Decimal amount is | \$0 - 10,000 | | .30 | 10,000 - 12,000 | | .29 | 12,000 - 14,000 | | .28 | 14,000 - 16,000 | | .27 | 16,000 - 18,000 | | .26 | 18,000 - 20,000 | | .25 | | |
| Over | But not over | Decimal amount is | | | | | | | | | | | | | | | | | | | | | | |
| \$0 - 10,000 | | .30 | | | | | | | | | | | | | | | | | | | | | | |
| 10,000 - 12,000 | | .29 | | | | | | | | | | | | | | | | | | | | | | |
| 12,000 - 14,000 | | .28 | | | | | | | | | | | | | | | | | | | | | | |
| 14,000 - 16,000 | | .27 | | | | | | | | | | | | | | | | | | | | | | |
| 16,000 - 18,000 | | .26 | | | | | | | | | | | | | | | | | | | | | | |
| 18,000 - 20,000 | | .25 | | | | | | | | | | | | | | | | | | | | | | |
| | <table><thead><tr><th>Over</th><th>But not over</th><th>Decimal amount is</th></tr></thead><tbody><tr><td>\$20,000 - 22,000</td><td></td><td>.24</td></tr><tr><td>22,000 - 24,000</td><td></td><td>.23</td></tr><tr><td>24,000 - 26,000</td><td></td><td>.22</td></tr><tr><td>26,000 - 28,000</td><td></td><td>.21</td></tr><tr><td>28,000 - No limit</td><td></td><td>.20</td></tr></tbody></table> | Over | But not over | Decimal amount is | \$20,000 - 22,000 | | .24 | 22,000 - 24,000 | | .23 | 24,000 - 26,000 | | .22 | 26,000 - 28,000 | | .21 | 28,000 - No limit | | .20 | | | | | |
| Over | But not over | Decimal amount is | | | | | | | | | | | | | | | | | | | | | | |
| \$20,000 - 22,000 | | .24 | | | | | | | | | | | | | | | | | | | | | | |
| 22,000 - 24,000 | | .23 | | | | | | | | | | | | | | | | | | | | | | |
| 24,000 - 26,000 | | .22 | | | | | | | | | | | | | | | | | | | | | | |
| 26,000 - 28,000 | | .21 | | | | | | | | | | | | | | | | | | | | | | |
| 28,000 - No limit | | .20 | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Multiply line 6 by the decimal amount on line 8. Enter the result here and on Form 1040, line 44. But if this amount is more than the amount on Form 1040, line 42, minus any amount on line 43, or you paid 2000 expenses in 2001, see the instructions for the amount to enter on line 44 | 9 | 480. | | | | | | | | | | | | | | | | | | | | | |

For Paperwork Reduction Act Notice, see the instructions.

Form **2441** (2001)

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization **(Including Information on Listed Property)**

▶ See separate instructions.

▶ Attach this form to your return.

OMB No. 1545-0172

2001

Attachment
Sequence No. **67**

Name(s) shown on return
NELSON LEON

Business or activity to which this form relates
2 FAMILY RENTAL-SCH E

Identifying number
154-96-1882

Part I Election To Expense Certain Tangible Property Under Section 179

Note: If you have any "listed property," complete Part V before you complete Part I.

| | | |
|---|------------------------------|------------------|
| 1 Maximum dollar limitation. If an enterprise zone business, see the instructions | 1 | \$24,000 |
| 2 Total cost of section 179 property placed in service (see the instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation | 3 | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see the instructions. | 5 | |
| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| | | |
| 7 Listed property. Enter amount from line 27 | 7 | |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from 2000 (see the instructions) | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. | 12 | |
| 13 Carryover of disallowed deduction to 2002. Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation for Assets Placed in Service Only During Your 2001 Tax Year (Do not include listed property.)

Section A -- General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See the instructions ☐

Section B -- General Depreciation System (GDS) (See the instructions.)

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depr. (business/investment use only -- see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 15a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs. | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C -- Alternative Depreciation System (ADS) (See the instructions.)

| | | | | | | |
|-----------------------|--|--|---------|----|-----|--|
| 16a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | | | 40 yrs. | MM | S/L | |

Part III Other Depreciation (Do not include listed property.) (See the instructions.)

| | | |
|--|-----------|---------------|
| 17 GDS and ADS deductions for assets placed in service in tax years beginning before 2001 | 17 | 3,709. |
| 18 Property subject to section 168(f)(1) election | 18 | |
| 19 ACRS and other depreciation | 19 | |

Part IV Summary (See the instructions.)

Copyright 2001 Greatland/Neico - Forms Software Only

| | | |
|---|-----------|---------------|
| 20 Listed property. Enter amount from line 26 | 20 | |
| 21 Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions | 21 | 3,709. |
| 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 22 | |

For Paperwork Reduction Act Notice, see the instructions.

CAA

1 456212

NTF 2557041

Form **4562** (2001)

US Student Loan Interest and Child Tax Credit 2001

Name: NELSON LEON

SSN: 154-96-1882

Student Loan Interest (Post-Secondary Education)

1 Amount paid in 2001. See instructions for limitations and definition of qualified student loan interest. Total column is limited to \$2,500

Taxpayer

Spouse

Total

Modified AGI for this computation including excluded income from Forms 2555 and 4563, excluded income from Puerto Rico, and excluded adoption benefits from Form 8839 line 27

Married filing separately and a dependent of another cannot take this deduction. The interest deduction phases out when modified AGI exceeds \$40,000 (\$60,000 married filing jointly) and is -0- when AGI exceeds \$55,000 (\$75,000 married filing jointly).

2 Student loan interest deduction

Child Tax Credit

1 \$600 X 1 qualifying children 600.

2 Modified AGI is AGI plus excluded income from Forms 2555 and 4563, and excluded income from Puerto Rico

29,340.

3 Modified AGI limitation \$110,000 married filing jointly; \$55,000 married filing separately; all others \$75,000

75,000.

4 Subtract line 3 from line 2. If -0-, go to line 7

5 Round up to next \$1,000

6 Multiply line 5 by 5%

7 Subtract line 6 from line 1. You cannot take the credit if the amount is -0-

600.

8 Amount from Form 1040, line 42 minus line 43; or Form 1040A, line 26 plus alternative minimum tax amount or Form 1040NR, line 41 minus line 42

1,916.

9 If line 1 is more than \$1,200 and you are claiming adoption, mortgage interest, or DC first-time homebuyer credits, see worksheet below. All others: add dependent care + elderly + education + rate reduction credits

480.

1 Dependent care + elderly + education + rate reduction credits

2 Amount from line 7 above

3 Social Security (RR Tier 1) + Medicare

4 Form 1040, line 27 + line 54; or Form 1040NR, line 50; + uncollected Social Security and Medicare taxes listed on W-2

5 Add lines 3 and 4

6 Earned income credit and excess FICA/RRTA

7 Subtract line 6 from line 5. If -0-, enter line 1 on line 9 above

8 Subtract line 7 from line 2. This is the child tax credit for the purpose of figuring Forms 8396, 8839, or 8859. Use this line in place of Child Tax Credit on these credit forms

9 Total of adoption credit, mortgage interest credit and DC first-time homebuyer credit, as refigured

10 Add lines 1 and 9 and enter on line 9 above

10 Subtract line 9 from line 8

1,436.

11 Child Tax Credit

600.

Amount paid with Federal extension (Form 4868)

In re: Nelson LEON

Debtor(s)

Case No.

(if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

| | | | |
|--|--|-----|--------------|
| Debtor's Marital Status: single | DEPENDENTS OF DEBTOR AND SPOUSE | | |
| | NAMES | AGE | RELATIONSHIP |
| | Stephany LEON | | daughter |
| Employment: | DEBTOR | | SPOUSE |
| Occupation | | | |
| Name of Employer | Duo Building Maintenance Inc. | | |
| How long employed | | | |
| Address of Employer | P.O.Box 1167 Hightstown, NJ 08520-0367 | | |

Income: (Estimate of average monthly income)

DEBTOR

SPOUSE

Current monthly gross wages, salary, and commissions (pro rate if not paid monthly.)

\$ 2811.88

\$

Estimate monthly overtime

00.00

SUBTOTAL

\$ 2811.88

\$

LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

156.31

b. Insurance

c. Union dues

290.12

d. Other (Specify)

SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 446.43

\$

TOTAL NET MONTHLY TAKE HOME PAY

\$ 2365.45

\$

Regular income from operation of business or profession or farm

(attach detailed statement)

Income from real property

Interest and dividends

Alimony, maintenance or support payments payable to the debtor for the debtor's

use or that of dependents listed above.

Social security or other government assistance (Specify)

Pension or retirement income

Other monthly income (Specify)

TOTAL MONTHLY INCOME

\$ 2365.45

\$

TOTAL COMBINED MONTHLY INCOME

\$

(Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following the filing of this document:

In re: Nelson LEON

Debtor(s)

Case No.

(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

Rent or home mortgage payment (include lot rented for mobile home) \$ 940.27

Are real estate taxes included? ☒ Yes ☐ No Is property insurance included? ☒ Yes ☐ No

Utilities Electricity and heating fuel 240.00
Water and sewer 18.33
Telephone 85.00
Other

Home maintenance (repairs and upkeep) 50.00

Food 150.00

Clothing 50.00

Laundry and dry cleaning 90.00

Medical and dental expenses 100.00

Transportation (not including car payments) 100.00

Recreation, clubs and entertainment, newspapers, magazines, etc. 50.00

Charitable contributions 00.00

Insurance (not deducted from wages or included in home mortgage payments)

Homeowner's or renter's

Life

Health

Auto

Other

45.00

Taxes (not deducted from wages or included in home mortgage payments)
(Specify)

Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)

Auto

Other

Alimony, maintenance, and support paid to others

Payments for support of additional dependents not living at your home

Regular expenses from operation of business, profession, or farm (attach detailed statement)

Other

TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ 1918.60

(FOR CHAPTER 12 AND 13 DEBTORS ONLY)

Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.

A. Total projected monthly income \$ 2365.45

B. Total projected monthly expenses 1918.60

C. Excess income (A minus B) \$ 446.85

D. Total amount to be paid into plan each \$

(interval)

In re: Nelson Leon

Debtor(s)

Case No.

(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 2ce sheets, and that they are true and correct to the best of my knowledge, information, and belief. (Total shown on summary page plus 1.)

Date 5/20/02Signature: Nelson Leon
Debtor

Date

Signature: _____

(Joint Debtor, if any)

(If joint case, both spouses must sign.)

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief. (Total shown on summary page plus 1.)

Date

Signature: _____

(Print or type name of individual signing on behalf of debtor.)

(An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.)

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re: Nelson Leon

Debtor(s)

Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-15 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 16-21. If the answer to any question is "None," or the question is not applicable, mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the two years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or person in control of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any person in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101(30).

☐ None 1. Income from Employment or Operation of Business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give AMOUNT and SOURCE (if more than one).

2811.88 gross monthly income

☒ None 2. Income Other than from Employment or Operation of Business

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) Give AMOUNT and SOURCE.

3. Payments to Creditors

☒ None a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within 90 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR, DATES OF PAYMENTS, AMOUNT PAID and AMOUNT STILL OWING.

☒ None b. List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR, DATE OF PAYMENT, AMOUNT PAID and AMOUNT STILL OWING.

4. Suits and Administrative Proceedings, Executions, Garnishments and Attachments

☒ None a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give CAPTION OF SUIT AND CASE NUMBER, NATURE OF PROCEEDING, COURT OR AGENCY AND LOCATION and STATUS OR DISPOSITION.

☒ None b. Describe all property that has been attached, garnished, or seized under any legal or equitable process within one year

immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED, DATE OF SEIZURE and DESCRIPTION AND VALUE OF PROPERTY.

☒ None 5. Repossessions, Foreclosures, and Returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CREDITOR OR SELLER, DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN and DESCRIPTION AND VALUE OF PROPERTY.

6. Assignments and Receiverships

☒ None a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF ASSIGNEE, DATE OF ASSIGNMENT and TERMS OF ASSIGNMENT OR SETTLEMENT.

☒ None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF CUSTODIAN, NAME AND LOCATION OF COURT, CASE TITLE & NUMBER, DATE OF ORDER and DESCRIPTION AND VALUE OF PROPERTY.

☒ None 7. Gifts

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF PERSON OR ORGANIZATION, RELATIONSHIP TO DEBTOR, IF ANY, DATE OF GIFT, and DESCRIPTION AND VALUE OF GIFT.

☒ None 8. Losses

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give DESCRIPTION AND VALUE OF PROPERTY, DESCRIPTION OF CIRCUMSTANCES AND IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS and DATE OF LOSS.

☐ None 9. Payments Related to Debt Counseling or Bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

Give NAME AND ADDRESS OF PAYEE, DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR and AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY.

☒ None 10. Other Transfers

List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Give NAME AND ADDRESS OF TRANSFERREE, RELATIONSHIP TO DEBTOR, DATE, and DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED.

Anna C. Little, Esq. \$375.00

☒ None 11. Closed Financial Accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
Give NAME AND ADDRESS OF INSTITUTION, TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE and AMOUNT AND DATE OF SALE OR CLOSING.

☒ None 12. Safe Deposit Boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
Give NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY, NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY, DESCRIPTION OF CONTENTS and DATE OF TRANSFER OR SURRENDER, IF ANY.

☒ None 13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
Give NAME AND ADDRESS OF CREDITOR, DATE OF SETOFF and AMOUNT OF SETOFF.

☒ None 14. Property Held for Another Person

List all property owned by another person that the debtor holds or controls.
Give NAME AND ADDRESS OF OWNER, DESCRIPTION AND VALUE OF PROPERTY and LOCATION OF PROPERTY.

☒ None 15. Prior Address of Debtor

If the debtor has moved within the two years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.
Give ADDRESS, NAME USED and DATES OF OCCUPANCY.

Unsworn Declaration under Penalty of Perjury.

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 5/28/02 Signature of Debtor Nelson W. Hunt

Date _____ Signature of Joint Debtor (if any) _____

_____ continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

3076 3A R/1991 Julius B.Lumberg, Inc.

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re: Nelson Leon

Debtor(s)

Case No.
Chapter

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

1. I, the debtor, have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
2. My intention with respect to the property of the estate which secures those consumer debts is as follows:
 - a. Property to Be Surrendered.

| Description of property | Creditor's name | H, W or J |
|-------------------------|-----------------|-----------|
|-------------------------|-----------------|-----------|

- b. Property to Be Retained (Specify Reaff'd, Red'd or Exempt to state debtor's intention concerning reaffirmation, redemption, or lien avoidance*.)

| Description of property | Creditor's name | Reaff'd Red'd Exempt |
|---------------------------------------|-----------------|----------------------------|
| tax refund 2001 | | Exempt |
| Fisrt Union Bank Acnt. 1010048815149 | | Exempt |
| United Trust Acnt. 0040066608 | | Exempt |
| TV, Computer, Bedroom set, Dining set | | |
| VCR Refrigerator and Stove | | Exempt |
| guitar, violin, keyboard | | Exempt |
| assorted casual clothes | | Exempt |

3. I understand that § 521 (2)(B) of the Bankruptcy Code requires that I perform the above stated intention within 45 days of the filing of this statement with the court, or within such additional time as the court, for cause, within such 45-day period fixes.

Date: 5/20/02

X  Signature of Debtor

* Reaff'd - Debt will be reaffirmed pursuant to § 524(c)

Red'd - Property is claimed as exempt and will be redeemed pursuant to § 722

Exempt - Lien will be avoided pursuant to § 522(f) and property will be claimed as exempt

X  Signature of Debtor

UNITED STATES BANKRUPTCY COURT

DISTRICT OF

In re Nelson Leon

Debtor(s)

Case No.

(If Known)

CHAPTER 13 PLAN

(If this form is used by joint debtors wherever the word "debtor" or words referring to debtor are used they shall be read as if in the plural.)

1. The future earnings of the debtor are submitted to the supervision and control of the trustee and the debtor — debtor's employer shall pay to the trustee the sum of \$ weekly — bi-weekly — semi-monthly — monthly for a period of

2. From the payments so received, the trustee shall make disbursements as follows:

(a) Full payment in deferred cash payments of all claims entitled to priority under 11 U.S.C. §507.

(b) Holders of allowed secured claims shall retain the liens securing such claims and shall be paid as follows:

(c) Subsequent to — pro rata with dividends to secured creditors, dividends to unsecured creditors whose claims are duly allowed as follows:

N/A

3. The following executory contracts of the debtor are rejected:

Title to the debtor's property shall revert in the debtor on confirmation of a plan — upon dismissal of the case after confirmation pursuant to 11 U.S.C. §350.

Dated: 5/20/02

X Nelson Leon
Debtor

X Nelson Leon
Debtor

Acceptances may be mailed to

Post Office Address

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re Nelson LEON

Debtor(s)

Case No.

(If Known)

STATEMENT

Pursuant to Rule 2016(b)

The undersigned, pursuant to Rule 2016(b) Bankruptcy Rules, states that:

- (1) The undersigned is the attorney for the debtor(s) in this case.
- (2) The compensation paid or agreed to be paid by the debtor(s) to the undersigned is:
 - (a) for legal services rendered or to be rendered in contemplation of and in connection with this case \$ 375.00
 - (b) prior to filing this statement, debtor(s) have paid \$ 375.00
 - (c) the unpaid balance due and payable is \$ 00.00
- (3) \$ 200.00 of the filing fee in this case has been paid.
- (4) The services rendered or to be rendered include the following:
 - (a) analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - (b) preparation and filing of the petition, schedules, statement of affairs and other documents required by the court.
 - (c) representation of the debtor(s) at the meeting of creditors.

none other

- (5) The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and

none other

- (6) The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and

none other

- (7) The undersigned has received no transfer, assignment or pledge of property except the following for the value stated:

nothing

- (8) The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:

not applicable

Dated:

Respectfully submitted,

Attorney for Petitioner

Attorney's name and address: Tunney and Little, L.L.C. 300 Kimball St. suite 106 Woodbridge, NJ 07095

BK 122
(8/84)

United States Bankruptcy Court

NOTICE TO INDIVIDUAL CONSUMER DEBTOR(S)

If you intend to file a petition for relief under the bankruptcy laws of the United States, and your debts are primarily consumer debts, the Clerk of Court is required to notify you of each chapter of the Bankruptcy Code under which you may seek relief. You may proceed under:

Chapter 7—Liquidation, or
Chapter 11—Reorganization, or
Chapter 13—Adjustment of Debts of an Individual
with Regular Income

If you have any questions regarding the information contained in this notice, you should consult with your attorney.

Clerk of Court

ACKNOWLEDGMENT

I hereby certify that I have read this notice.

DATED: 5/00/02

Jeffrey W. Smith
Debtor

Joint Debtor, if any

INSTRUCTIONS: If the debtor is an individual, a copy of this notice personally signed by the debtor must accompany any bankruptcy petition filed with the Clerk. If filed by joint debtors, the notice must be personally signed by each. Failure to comply may result in the petition not being accepted for filing.

Capitol One
P.O.Box 85184
Richmond VA 23285-5184

Collection Comp. of America
P.O.Box 329
Norwell, MA 02061-0329

Macy's
P.O.Box 4564
Carol Stream, IL 60197-4564

JFK Medical Center
P.O.Box 6506
Edison, NJ 08818

Discover Card
P.O.Box 15251
Wilmington, DE 19886-5251

Home Depot
P.O.Box 105981 Dept. 51
Atlanta, GA 30353-5981

United Trust
P.O.Box 9201
Old Bethpage, NY 11504-9001

EMA
P.O.Box 717
Livingston, NJ 07039

Priority Communications
P.O.Box 3030
Edison, NJ 08818-3030

P.C.Richards
c/o GE Capitol Cons
P.O.Box 9001557
Louisville, KY 40290-1557

Radioshack
P.O.Box 9025
Des Moines, IA 50368-9025

University Radiology
P.O.Box 1075
East Brunswick, NJ 08816-1075

Solaris Health System
80 James Street
Edison, NJ 08820-3998